

Accident Procedures Checklist - Sample

This checklist is intended to be used by districts/charters to help guide and document actions taken during a student transportation accident.

Initial Contact

Time _____ a.m. p.m. Date _____

Driver Name _____

Route Number _____ Bus Number _____

Location (include nearest crossroad)

Number of students on board? _____

Estimated injuries on school vehicle? _____

Estimate injuries in other vehicle(s)? _____

Ambulance needed? Yes No

How many vehicles involved? _____

Further Information

- CALL 9-1-1** Give all above information!

Name of Responding Department(s) _____

Notice: **ALL NON-EMERGENCY RADIO TRAFFIC IS TO CEASE!**

District Response

Dispatcher Name _____

Notify Transportation Supervisor Time _____ a.m. p.m.
Name _____

Notify bus garage/dispatch to send rescue vehicle if needed
Name _____

Notify District Administration Time _____ a.m. p.m.
Name _____

Notify School Administration Time _____ a.m. p.m.
Name _____

Notify School Nurse Time _____ a.m. p.m.
Name _____

Secure Rescue Vehicle Driver (if applicable) Time _____ a.m. p.m.
Name _____

Advise Driver to place emergency devices (if possible/applicable)

Advise Driver to begin seating chart

Identify Parent Staging Area

School District Name _____

Location _____

Contact Person at Staging Area Time ____ a.m. p.m.

Name _____

Phone number _____

Identify student riders

Contact parents Time ____ a.m. p.m.

Prepare statement to media, and define media access to staging area

Supervisor at Staging area

Name _____

Supervisor on scene Time ____ a.m. p.m.

Name _____

Rescue vehicle on scene Time ____ a.m. p.m.

Photographs taken by _____

Arrange for vehicle to be towed by _____

To (address) _____

Law Enforcement/EMS Response

Police on scene Time ____ a.m. p.m.

Emergency services on scene Time ____ a.m. p.m.

If EMS transport, identify what medical hospital(s) are victims being transported to?

Phone number of hospital(s) _____

District Actions

Rescue vehicle departs scene Time ____ a.m. p.m.

Identify location for rescue vehicle to transport students to

All students clear of rescue vehicle Time ____ a.m. p.m.

All district personnel clear of scene Time ____ a.m. p.m.

Confirm all parents notified

Reunification complete: Students released per local policy (if applicable).

Other follow-up: Response to media, postvention care, statement to staff and students, insurance paperwork.

Report to Tennessee Department of Education if this accident resulted in injury or fatality by phone within 24 hours and in writing within 10 days.

Sample Seating Chart: List student(s) position at time of accident.

Seat location example:

"8w" = seat 8, window position

"12m" = seat 12, middle position

"18a" = seat 18, aisle position

Total	No Injury, Injury, or Fatality	Name	Age	Sex	Address (For injuries and fatalities only.)	Seat Location
1.						
2.						
3.						
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School District Name

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School District Name

Driver			Front	(Steps/Door)			
1			Aisle	2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				Rear	30		